DEPARTMENT OF FOOD AND AGRICULTURE Training SO-27(Rev 6/93) Out-of-State Trip#			
SO-27(Rev 6/93)			
Claimant's Name Social Security Number	VV VV VVVV	Page (of 1
A. U. Kawamura XX Civil Service Classification Bargaining Unit & Designation Branch Name	ion Branch Name		1
Secretary Statutory Executive	e Office	Telephone Number 916-654-0433	
Residence Address (PO Box Only is Unacceptable) Headquarters Address 1220 N Street			
City Zip Code City		Zip Code	
Month/Year Location Per Diem	ransportation	95814	
April 2009 D	T		
a Where Expenses were incurred Lodging Breakfast Lunch Dinner Incidental C		rate car Business	Total
Time Return e (Between what Folhis) B L D	Trans p Parking fares Miles	Amount Expense	-0.000 Marie 2000 Contractors
Normal Hours Remarks or Details and Explanation of Business Expenditors (Attach Vouchers/Receipts when required to 0800 1700 Pvt Veh Lie #	red)		
Rate Claimed			
0.550 per Mile			
State Veh #			*
	Total Revolving Fund Advances for Month	To	tal Claim
Signature of Department Head or Designee	\$	_	
I HEREBY CERTIFY, that the above is a time statement of the travel expenses incurred by me in accordance with DPA rules in the se shown were for the official business of the State of California. If a privately owned vehicle was used. I have met the requirements in S reimbursement rates which execution in the manner of the actual cost of operating the vehicle was equal to or exceeded the	SAM, Section 0754. For mileage	that all items	
Signature of Claimant Date Signature of Of	Officer Approving Payment	Date	
Accounting Use Only Program Use	Accounting Use Only		
Line# F Y % Program/Function Object Code	Amount	Non-Taxable	Taxable
100% 71010			